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Bib Data Sheet

CONFIRMATION NO. 1327

<b>SERIAL NUMBER</b> 10/072,177	<b>FILING DATE</b> 02/11/2002 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1615	<b>ATTORNEY DOCKET NO.</b> S1-02	
<b>APPLICANTS</b> Robert E. Fischell, Dayton, MD; David R. Fischell, Fair Haven, NJ; Tim A. Fischell, Richland, MI;					
<b>** CONTINUING DATA *****</b> <i>None</i>					
<b>** FOREIGN APPLICATIONS *****</b> <i>None</i>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> <b>** 03/28/2002</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <i>S.H.</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> MD	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 22	<b>INDEPENDENT CLAIMS</b> 7
<b>ADDRESS</b> Robert E. Fischell 14600 Viburnum Dr. Dayton, MD 21036					
<b>TITLE</b> Devices and methods for reducing scar tissue formation					
<b>FILING FEE RECEIVED</b> 463	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		